PTO/SB/21 (09-04) 2685

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		,
	Application Number	004770.00808 09/ 477 696
	Filing Date	October 16, 2001
	First Named Inventor	Leon Hurst et al.
	Art Unit	2685
	Examiner Name	Pablo N. TRAN
1	Attorney Docket Number	004770.00808

Total Number of Pages in This Submiss	ion	Attorney Docket N	umber	004770.00808					
ENCLOSURES (check all that apply)									
Fee Transmittal Form	☐ Drawing(s)			After Allowance Communication to TC					
Fee Attached	☐ Licensing-related Papers ☐ Petition			Appeal Communication to Board of Appeals and Interferences					
Amendment / Reply				Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)					
After Final	, —	Convert to a al Application		Proprietary Information					
Affidavits/declaration(s)		Attorney, Revocation of Correspondence Add	Iress	Status Letter					
Extension of Time Request	Terminal I	Disclaimer		Other Enclosure(s) (please identify below):					
Express Abandonment Request	Request f	or Refund per of CD(s)		Non U.S. References as cited on PTO/SB/08A Form					
☐ Information Disclosure Statement		dscape Table on CD							
Certified Copy of Priority Document(s)	Remarks								
Reply to Missing Parts/ Incomplete Application									
Reply to Missing Parts under 37 CFR1.52 or 1.53									
SIGI	NATURE OF A	APPLICANT, ATTO	RNEY, OF	R AGENT					
Firm	Banner & Witcoff, LTD.								
Signature	J. M. J	- Red	5#5	6,536					
Printed Name	Chunhsi Ar	ndy Mu							
Date	April 13, 20	006	Reg. No.	58,216					
CERTIFICATE OF TRANSMISSION/MAILING									

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the complete application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Complete If Known

09/977,696

Effective on 12/08/2004.

rsuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). **TRANSMITTAL**

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Application Number

for FY 2005		Fi	iling Date	October 16, 2001						
Applicant claims small entity status. See 37 CFR 1.27				rst Named Inventor	Leon HURST, et al.					
			7 E	xaminer Name	Pablo N. TRAN					
TOTAL AMOUNT OF	TOTAL AMOUNT OF PAYMENT		Α	rt Unit	2685					
TOTAL AIMOUNT OF PATIMENT		(\$) 180.00		ttorney Docket No.	004770.00808					
METHOD OF PAYM	NT (check a	ill that apply)								
☐ Check ☐ Credit	Card Mo	ney Order 🔲 None	Other	(please identify)						
Deposit Account	□ Deposit Account Deposit Account Number: 19-0733 □ Deposit Account Name: Banner & Witcoff, LTD.									
For the above	-identified dep	osit account, the Direc	ctor is hereb	y authorized to: (ch	eck all that app	ıly)				
⊠ Charge	fee(s) indicate	ed below		☐ Charge	fee(s) indicated	l below, excep	pt for the filing fee			
		I fee(s) or underpayme	ents of fee(s	i) 🔀 Credit a	ny overpaymen	its				
Under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.										
FEE CALCULATION							·			
1. BASIC FILING, S										
	FILING	FEES Small Entity	SEARC	H FEES Small Entity		TION FEES				
Application Type	Fee (\$)	Fee(\$)	Fee(\$)	Fee(\$)	Fee(\$)	Fee(\$)	Fees Paid (\$)			
Utility	300	150	500	250	200	100				
Design	200	100	100	50	130	65				
Plant	200	100	300	150	160	80				
Reissue	300	150	500	250	600	300				
Provisional	200	100	0	0	0	0				
2. EXCESS CLAIM	FEES					Fac. (\$)	Small Entity			
Fee Description Each claim over 20	including Rei	ssues)			<u>Fee (\$)</u> 50	<u>Fee (\$)</u> 25				
Each independent cl						200	100			
Multiple dependent			_			360	180			
Total Claims	Extra (Fee Paid (\$)			Multiple Dependent Claims			
- 20 or		X aid for, if greater than 20	= -			<u>Fee (\$</u>	Fee Paid (\$)			
Indep. Claims	Extra (· •		e Paid (\$)						
- 3 or H	-	<u>гесцу</u> х	=							
		claims paid for, if greater	than 3.							
3. APPLICATION SI	ZE FEE									
If the specification an										
		e)), the application si			nall entity) for	each additions	al 50			
Total Sheet		ee 35 U.S.C. 41(a)(1) neets Number o		ditional 50 or fra	action thereo	f Fee (\$)	Fee Paid (\$)			
	00 =			p to a whole num			=			
4. OTHER FEE(S)				•	·		Fees Paid (\$)			
Non-English Specification, \$130 fee (no small entity discount)										
Other (e.g., la	te filing surch	arge): IDS Fees			· · · · · · · · · · · · · · · · · · ·		180.00			
CUDMITTED BY										
SUBMITTED BY	7 . 1	10. 4 64 6	526	Registration No.	50.040		000 004 0450			
Signature	1. 1.	184 56,5		(Attorney/Agent)	58,216	Telephone				
Name (Print/Type)	Chunhsi An	ay Mu				Date	April 13, 2006			